

DRAFT

Transitional Employment Assistance (TEA) Non-Time Limited TEA Annual Reevaluation

IF YOU NEED THIS MATERIAL IN A DIFFERENT FORMAT, SUCH AS LARGE PRINT, CONTACT YOUR LOCAL DHS OFFICE. Si necesita este formulario en Español, llame 1-800-482-8988 y pida la versión en Español.

To: _____ Return To: _____

Case # _____

Annual Reevaluation Instructions

Your continued eligibility for TEA cash assistance is reviewed on a yearly basis. It is now time for the review. Complete each question on this notice and return it to your county DHS office by _____. This information will be used to determine your continued eligibility for TEA cash assistance.

I. Household

Has a child for whom you are receiving assistance moved out of your household in the last twelve months?
☐ Yes ☐ No If yes, please list the name(s) below.

Name (First, Middle initial & Last)	Social Security #	Birthdate	Race	Sex	Relationship to you	Date Moved

Has a brother/sister, half brother/sister, parent or stepparent to any of the children for whom you are receiving assistance moved into your household in the last twelve months? ☐ Yes ☐ No If yes, please list the name(s) below.

Name (First, Middle initial & Last)	Social Security #	Birthdate	Related to which child	How related	U.S. Citizen Y/N

II. School Attendance and Childhood Immunizations

If the new household member listed above is a child age 5 through 17, is he or she attending school?

☐ Yes ☐ No

If yes, where? _____. What grade? _____.

If the new household member listed above is a child under the age of 5, has he or she received or begun receiving childhood immunizations (shots)? ☐ Yes ☐ No

If yes, please attach a copy of the child's immunization (shot) record.

If no, a copy of the child's immunization record verifying that the child is receiving the immunizations must be provided to DHS within 30 days of the date the child is added to your TEA case.

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Do all children ages 5-17 for whom you are currently receiving assistance attend school? ☐ Yes ☐ No
If no, please list the names of the children that are not attending school and the reason in the spaces provided below. (Do not list children who are not attending school due to school vacations/breaks.)

Name (First, Middle initial & Last)	Social Security #	Reason child is not attending school

III. Resources

Please indicate which resources you or anyone for whom you are receiving assistance currently has.

Resource	Yes	No	Amount	Where	Name of Person (s)
Cash on Hand					
Bank Accounts					
Property other than your home					
Stocks, Bonds, Trust Funds, etc.					
Vehicles					

IV. Income (Attach Verification – for example, check stubs, award letters, court order, etc.)

Does anyone receive income from the following?

Source of Income	Yes	No	Source	Gross Amount	How often	Who Receives?
Earnings						
SSA/SSI/VA						
Child Support						
Other						

V. Change of Address

Have you moved in the last 12 months? ☐ Yes ☐ No. If yes, please write your current address on the line below.

READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN BELOW.

- I understand that if anyone receives TEA cash assistance to which they are not eligible as a result of my withholding information I will be liable for any overpayment.
- I understand that the information provided on this report may result in the loss of TEA benefits.
- I authorize DCO to obtain information from other state agencies and other sources to confirm the accuracy of my statements.
- I declare that the information I have provided is correct.

I understand that by signing this annual report I am subject to penalties for false statements.

Parent/Caretaker Relative Signature

Date

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Instructions

DCO-190, Non-Time Limited TEA Annual Reevaluation

Purpose

Form DCO-190, Non-Time Limited TEA Annual Re-evaluation, is used to request information needed to establish continuing eligibility from a non-time limited TEA recipient. Form DCO-190 will be sent in the absence of a Food Stamp Quarterly Report or TEA Medicaid Re-evaluation form.

Completion

Form DCO-190 will be sent to a non-time limited TEA recipient for completion. The TEA recipient will complete the requested information in sections I through IV, as applicable, sign and return to the county.

Routing and Retention

Form DCO-190 will be retained in the TEA case record until the case record is destroyed.

DEPARTMENT of Human Services

DIVISION of County Operations

PERSON COMPLETING THIS STATEMENT Linda Greer, Assistant Director
Office of Program Planning & Development

TELEPHONE: (501) 682-8257

FAX NO. (501) 682-1597

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – Transitional Employment Assistance (TEA) Form DCO-190, Non-Time Limited TEA Annual Reevaluation.

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?

Yes

No X

Annual reviews are currently required for non-time limited TEA cases. This form formalizes the process by which the needed information is provided.

2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

2001-2002 Fiscal Year

None

2002-2003 Fiscal Year

None

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

2001-2002 Fiscal Year

None

2002-2003 Fiscal Year

None

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

None

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE
ARKANSAS LEGISLATION COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Human Services

DIVISION of County Operations

DIVISION DIRECTOR Joni Jones

CONTACT PERSON Linda Greer

ADDRESS PO Box 1437, Slot S322, Little Rock, AR 72203

PHONE NO. (501) 682-8257

FAX NO. (501) 682-1597

INSTRUCTIONS

- A. Please make copies of this form for future use.**
- B. Please answer each question completely using layman terms.**
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.**
- D. Submit two (2) copies of your proposed rule and mail or deliver to:**

Donna K. Davis

Subcommittee on Administrative Rules and Regulations

Arkansas Legislative Council

Bureau of Legislative Research

Room 315, State Capitol

Little Rock, AR 72201

1. What is the short title of this rule?

Transitional Employment Assistance (TEA) Form DCO-190, Non-Time Limited TEA Annual Reevaluation.

2. What is the subject of the proposed rule?

To provide a form for requesting information from a TEA non-time limited recipient which will be used to establish continuing eligibility.

3. Is this rule required to comply with federal statute or regulations? Yes No X
If yes, please provide the federal regulations and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes ___ No X

If yes, what is the effective date of the emergency rule?

When does the emergency rule expire?

Will the emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? Yes _ No _____

Questionnaire

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5. Is this a new rule? Yes X No
Is this an amendment to an existing rule? If yes, please attach a markup showing the changes in the existing rule and a summary of the substantive changes.

6. What state law grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Code 20-76-401 (the Arkansas Personal Responsibility and Public Assistance Reform Act of 1997) as amended by Arkansas Act 1264 of 2001.

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed form is to request information needed to establish continuing eligibility from a non-time limited TEA recipient on an annual basis.

The proposed form is necessary for the completion of the annual TEA non-time limited case review and to provide the agency with the recipient's signature attesting to the accuracy of the information provided.

8. Will a public hearing be held on this proposed rule? Yes No X
If yes, please give date, time and place of public hearing?

9. When does the public comment period expire?

10. What is the proposed effective date of this proposed rule?

11. Do you expect this rule to be controversial? Yes No X

12. Please give the names of persons, groups, or organizations which you expect to comment on these rules? Please provide their position (for or against) if known.

None

PLEASE ANSWER ALL QUESTIONS COMPLETELY

July 25, 1995